\$0.00

PTO/SB/17 (01-06)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction	n Act of 1995 no	o persons are required to re	espond to a collection of infor	mation unless it displays a v	ralid OMB control number			
		Complete if Known						
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 09/980,422					
FEE TRANSMITTAL			Filing Date	June 25, 2002				
For FY 2006			First Named Inventor	Michael CAWTHORN	VE			
			Examiner Name	Eric S. Dejong				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1631				
TOTAL AMOUNT OF PAYM	IENT (\$)	0.00	Attorney Docket No.	0380-P02754US0				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 04-1406 Deposit Account Name: DannDorfmanHerrell&Skillm								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
U under 37 CFR 1 16 and 1 17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (AI	I the fees be	elow are due upon fi	iling or may be subje	ct to a surcharge.)				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FE	EES SEAF nall Entity	RCH FEES EXA <u>Small Entity</u>	MINATION FEES Small Entity				
Application Type		Fee (\$) Fee (\$		(\$) Fee (\$)	Fees Paid (\$)			
Utility	300	150 500	250 20	0 100				
Design	200	100 100	50 13	0 65				
Plant	200	100 300	150 16	60 80				
Reissue	300	150 500	250 60	• • •				
Provisional	200	100 0	0	0 0				
2. EXCESS CLAIM FEE	S			<u>Sr</u> <u>Fee (\$)</u>	<u>nall Entity</u> Fee (\$)			
<u>Fee Description</u> Each claim over 20 (in	50	25						
Each independent clair	im over 3 (ir	icluding Reissues)		200	100			
Multiple dependent cl	360	180						
			e Paid (\$)	Multiple Depe				
25 X 0XoXi X i	0	× <u>0.00</u> =	0.00	<u>Fee (\$)</u>	Fee Paid (\$)			
HP = highest number of total	claims paid for, Extra Claims		e Paid (\$)					
Indep. Claims 6 Extra Claims Fee (\$) Fee Paid (\$) 1 - XXXXX= 0 x 0.00 = 0.00								
HP = highest number of indep	endent claims p	paid for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification. \$130 fee (no small entity discount)								

SUBMITTED BY		1		
Signature	Patrick J	1.1 tran	Registration No. (Attorney/Agent) 27,643	Telephone 215-563-4100
Name (Print/Type)		7.0		Date 7/14/2006

Other (e.g., late filing surcharge):

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.